RATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10306231

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			28					RATE	FEE	7	RATE	. FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEÈ	770.00
TOTAL CHARGEABLE CLAIMS			९ 8minus 20=		• 8			X\$ 9=		OR	X\$18=	144
INDEPENDENT CLAIMS			3 minus 3 =		•			X43≃		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESEN								+145=		OR		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	914
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							L · .	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.28	Minus	2	8	- /]	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	***	3			X43=	•	OR	X86=	
	FIRST PRESE	NIATION OF MI	JETIPLE DEF	·	CLAIM		<u>ا</u> ا	+145=		OR	+290=	
	-						L	TOTAL ODIT, FEE			TOTAL ADDIT, FEE	7
		(Column 1)	·	(Colum	ın 2)	(Column 3)						
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• •	Minus	44		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		•]	X43=		OR	X86=	
\square	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		J	+145=		OR	+290=	
TOT ADDIT, F								TOTAL DOIT FEE	•	OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n [.] 2) .	(Column 3)				•		
AMENDMENT C		CLAIMS REMAINING . AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER . USLY	PRESENT EXTRA			ADDI- TIONAL FEE	` '	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		æ .		X\$ 9=		OR	X\$18=	
	Independent	·	Minus	***		<u> </u>		X43=		OR	X86=	
THIST PRESERVATION OF MICEITPE DEPENDENT COAIM											+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL OR TOTAL												
	the "Highest Nur	nber Previously Pai ber Previously Paid	d For IN THIS	SPACE is	less than	3. enter *3.*	-	ODIT. FEE L			ODIT. FEEL mm t.	